



AFFIDAVIT FOR CHANGE OF NAME

State Form 47870 (R6 / 3-07)

Approved by State Board of Accounts, 2007

Indiana Department of Education
Division of Professional Standards
Room 229, State House
Indianapolis, IN 46204-2798
Toll Free: 1-866-542-3672
Fax: (317) 232-9023
www.doe.state.in.us/dps

The information in this document is confidential according to IC 5-14-3-4(b)8.

This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

PLEASE NOTE: *This affidavit must be accompanied by the original copy of your currently valid license(s); or if lost or destroyed, a Proof of Licensing form completed, and a limited criminal history report. No fee is required.*

Please **PRINT** or **TYPE**.

STATE OF RESIDENCE _____

COUNTY OF RESIDENCE _____

Name as shown on license(s)

Social Security number

Change Name To:

Full name

Street address (*number and street*)

City

State

ZIP code

Telephone number

E-mail Address

()

Date of birth (*month, day, year*)

License number (*if known*)

The undersigned states that on _____ his/her name changed from
Date (month, day, year)
_____ to _____

and makes this affidavit for the purpose of requesting the Indiana Department of Education / Division of Professional Standards to change his/her name on the official records.

I certify that the information and documentation contained in this affidavit are true and accurate to the best of my knowledge and belief.

Signature of applicant

Date signed (*month, day, year*)